MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	09/529159	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	✓							51		✓				
2		✓						52		✓				
3		✓						53		✓				
4		✓						54		✓				
5		✓						55		✓				
6		✓						56		✓				
7		✓						57		✓				
8		✓						58		✓				
9		✓						59		✓				
10		✓						60						
11		✓						61						
12		✓						62						
13	✓							63						
14		✓						64						
15		✓						65						
16		✓						66						
17		✓						67						
18	✓							68						
19								69						
20								70						
21								71						
22		✓						72						
23		✓						73						
24		✓						74						
25		✓						75						
26		✓						76						
27		✓						77						
28		✓						78						
29		✓						79						
30		✓						80						
31		✓						81						
32		✓						82						
33	✓							83						
34		✓						84						
35		✓						85						
36		✓						86						
37		✓						87						
38		✓						88						
39		✓						89						
40		✓						90						
41		✓						91						
42		✓						92						
43		✓						93						
44	✓							94						
45		✓						95						
46		✓						96						
47		✓						97						
48		✓						98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL														